

APPLICATION FOR U-DRIVE-IT RENEWAL

THE UNDERSIGNED HEREBY FILES APPLICATION FOR RENEWAL OF THE FOLLOWING KENTUCKY U-DRIVE-IT PERMIT.

Applicant: _____ Telephone: _____

Street: _____

City: _____ State: _____ Zip Code: _____

TYPE OF AUTHORITY: **U-DRIVE-IT**

PERMIT NUMBER: _____

ANNUAL RENEWAL FEE . . . \$25.00

MAKE CHECK PAYABLE TO: KENTUCKY STATE TREASURER

Please submit payment with the original of this form. Keep the copy provided for your records.

NOTE ANY NAME AND/OR ADDRESS CHANGES HERE:

Applicant: _____ Telephone: _____

Street: _____

City: _____ State: _____ Zip Code: _____

If your address changes during the year, it is necessary that you submit such change in writing to this office.

This certificate shall remain in effect until expired by law or revoked by the Transportation Cabinet. Any vehicle leased/rented under this certificate will be billed at the end of each month, the fees due. This certificate must be renewed on or before January 1st of each calendar year.

Signature: _____ Date: _____

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